## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE Commissioner For Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Application Number:	10/566,563
Filing Date:	August 28, 2006
First Named Inventor:	Karsten Bohnisch et al
Group Art Unit:	3754
Examiner Name:	Robert K. Nichols II
Attorney Docket No.	SEA04486P00030US

This is a Request for Continued Examination (RCE) under 37 C.F.R. 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1.	<b>Submission required under 37 C.F.R. 1.114</b> Note: If the RCE is proper, any previously-filed unente amendments and amendments enclosed with the RCE will be entered in the order in which they were unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).							y were filed
		final Offici i. ☐ (	ce Action may Consider the ar on	be considere rguments in t	e Action is outstanding, d as a submission ever he Appeal Brief or Repl	if this y Brie	s box is not ch f previously fil	necked.
	b.	Enclosed i.	d: Amendment/Re Affidavit(s)/Dec nformation Dis Petition for Exte	eply claration(s) sclosure State ension of Tim				
2. <b>Miscellaneous</b> . Suspension of action on the above-identified application is 1.103(c) for a period of:					is requ	uested under	37 CFR	
	a.	1.103( 1.17(i) re	_ months. (Pe		nsion shall not exceed	3 mor	nths. Fee und	ler 37 CFR
	b.	Other_	• ,	***************************************				
3.		The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. The filing fee has been calculated as shown below:						
					Small Entity	_	Large	Entity
		Claims After	Highest Number Previously Paid	Extra Claims				

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For	Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Rate	Fee		Rate	Fee
Basic Fee					\$405.00	OR		\$810.00
Total Claims	7	20	0	x \$26.00	\$	OR	x \$52.00	\$
Independent Claims	1	3	0	x \$110.00	\$	OR	x \$220.00	\$
Multiple Dependent Claims				x \$195.00	\$	OR	x \$390.00	\$
				TOTAL	\$	OR	TOTAL	\$810.00

	a.	⊠ i. iii.	The Director is hereby authorized to charge the following fees, any underpayment of fees or credit any overpayments, to Deposit Account No. 23-0785.  RCE filing fee Other
	b.		A check in the amount of \$ to cover the fees is enclosed.
	C.	<u>X</u>	Electronic payment via credit card at time of filing in the amount of \$ <u>810.00</u> to cover the fee is enclosed.
4.	<u>Corre</u>	esponde	MOOD, PHILLIPS, KATZ, CLARK & MORTIMER 500 West Madison Street, Suite 3800 Chicago, Illinois 60661 Telephone: (312) 876-2106 Facsimile: (312) 876-2020
			Customer Number: 32116
	Date:	March 21	1, 2011 Attorney's Signature Jeffery N. Fairchild, Reg. No. 37,825